| ill in this information to identify your case: | | | |
|---|---|--|--|
| United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|----------------------------|---|
| 1. | Your full name | | |
| | Write the name that is on your | Roxanna | |
| | government-issued picture identification (for example, your driver's license or | First Name | First Name |
| | | В. | |
| | passport). | Middle Name | Middle Name |
| | | Kosin | |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | Roxanna | |
| | have used in the last 8 years | First Name | First Name |
| | Tarabada arang sanga dan | Middle Name | Middle Name |
| | Include your married or maiden names. | Hartley | |
| | maiden names. | Last Name | Last Name |
| 3. | Only the last 4 digits of | | |
| | your Social Security | xxx - xx - 8 4 7 0 | xxx - xx |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number (ITIN) | 9xx - xx | 9xx - xx |

| De | btor 1 Roxanna B. Kosin | | Ca | ase number (if known) | |
|----|--|-------------------------------|--|------------------------------|---|
| | | About Debtor 1: | | About Debtor 2 (S | pouse Only in a Joint Case): |
| 4. | Any business names and Employer | ✓ I have not us | sed any business names or EINs. | ☐ I have not use | ed any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last 8 years | Business name | | Business name | |
| | Include trade names and | Business name | | Business name | |
| | doing business as names | Business name | | Business name | |
| | | | | | |
| | | | | | |
| 5. | Where you live | EIN | | EIN If Debtor 2 lives at | a different address: |
| | | 25270 Fern St. | | | |
| | | Number Street | | Number Street | |
| | | | | | |
| | | Roseville | MI 48066 | | |
| | | City | State ZIP Code | City | State ZIP Code |
| | | Macomb | | | |
| | | County | | County | |
| | | the one above, fi | ddress is different from II it in here. Note that the y notices to you at this | from yours, fill it is | ng address is different n here. Note that the court es to you at this mailing |
| | | Number Street | | Number Street | |
| | | P.O. Box | | P.O. Box | |
| | | City | State ZIP Code | City | State ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | | Check one: | |
| | bankruptcy | | t 180 days before filing this we lived in this district longer other district. | | 180 days before filing this e lived in this district longer ner district. |
| | | I have anothe (See 28 U.S. | er reason. Explain. C. § 1408.) | I have another (See 28 U.S.C | r reason. Explain. C. § 1408.) |
| E | Part 2: Tell the Court A | bout Your Bankrı | uptcy Case | | |
| | | | | | |
| 7. | The chapter of the Bankruptcy Code you | | brief description of each, see Not m 2010)). Also, go to the top of p | | S.C. § 342(b) for Individuals Filing appropriate box. |
| | are choosing to file under | | | | |
| | | Chapter 11 | | | |
| | | Chapter 12 | | | |
| | | Chapter 13 | | | |

| Deb | otor 1 Roxanna B. K | osin | | Case nur | mber (if known) | | |
|-----|--|------------|---|--|--|---|--|
| 8. | How you will pay the fe | | court for more details a pay with cash, cashier | ee when I file my petition. Plea about how you may pay. Typica 's check, or money order. If you hay pay with a credit card or che | lly, if you are pay r attorney is sub | ying the fee yourself, you may mitting your payment on your | |
| | | | | in installments. If you choose in Filing Fee in Installments (Office | | and attach the Application for | |
| | | | By law, a judge may, b than 150% of the offici fee in installments). If | be waived (You may request the surface to the surfa | fee, and may do our family size an st fill out the App | so only if your income is less d you are unable to pay the | |
| 9. | Have you filed for | | No | | | | |
| | bankruptcy within the last 8 years? | | Yes. | | | | |
| | | Distr | ct | Wher | 1 | Case number | |
| | | Diete | | | | | |
| | | Distr | ст | vvner | 1 MM / DD / YYYY | Case number | |
| | | Distr | ct | When | 1 | Case number | |
| 40 | Ave envised bentavinters | _ | No | | MM / DD / YYYY | | |
| 10. | Are any bankruptcy cases pending or being | ✓ | No | | | | |
| | filed by a spouse who is not filing this case with | ; <u> </u> | Yes. | | | | |
| | you, or by a business | Debt | or | | Relationsh | nip to you | |
| | partner, or by an affiliate? | Distr | ct | Wher | 1 | Case number, | |
| | annate: | | | | MM / DD / YYYY | if known | |
| | | Debt | or | | Relationsh | nip to you | |
| | | Distr | ct | When | 1 | Case number, | |
| | | | | | MM / DD / YYYY | if known | |
| 11. | Do you rent your residence? | | No. Go to line 12. Yes. Has vour landlo | rd obtained an eviction judgmer | at against you? | | |
| | rootuotioo i | Ц | · | , 0 | ıı agamsı you? | | |
| | | | | line 12. ut Initial Statement About an Ev is part of this bankruptcy petition | | Against You (Form 101A) | |

| Deb | tor 1 Roxanna B. Kosin | | | | Case numbe | r (if known) | | |
|-----|---|-----------------------------|------------|---|--|--|--------------------------|----------------------------------|
| Pa | art 3: Report About An | уΒι | ısine | sses You Own as | a Sole Proprietor | | | |
| 2. | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Name and location of boundaries and location of | ousiness | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | Health Care Busi | e box to describe your businessiness (as defined in 11 U.S.C. al Estate (as defined in 11 U.S.C. § 101(53) er (as defined in 11 U.S.C. § 2 | § 101(27A)) 5.C. § 101(51B)) A)) | ZIP Co | ode |
| 3. | . Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | can mos | set ap | propriate deadlines. If nt balance sheet, staten | the court must know whether you indicate that you are a sment of operations, cash-flow of exist, follow the procedure in | nall business de statement, and | ebtor, you federal in | must attach your come tax return |
| | | $ \overline{\mathbf{A}} $ | No. | I am not filing under C | hapter 11. | | | |
| | For a definition of small business debtor, see | | No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the the Bankruptcy Code. | | | | ng to the definition in |
| | 11 U.S.C. § 101(51D). | | Yes. | I am filing under Chap Bankruptcy Code. | eter 11 and I am a small busing | ess debtor acco | ording to t | he definition in the |
| Pa | Report If You Ow | n or | · Hav | e Any Hazardous I | Property or Any Proper | rty That Nee | ds Imm | ediate Attention |
| 4. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | | No Yes. | What is the hazard? | | | | |
| | safety? Or do you own any property that needs immediate attention? | | | If immediate attention | is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property | ? Number Street | | | |
| | | | | | City | | State | ZIP Code |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |
| |

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 | Roxanna B. Kosin | | C | ase number (if known) | |
|-----|------------------|--------------------|---------|---|-----------------------|-------|
| P | art 6: | Answer These | Questic | ons for Reporting Purposes | | |
| 16. | What ki have? | nd of debts do you | 16a. | Are your debts primarily consumer debts? as "incurred by an individual primarily for a pe | | • () |

| 16. | What kind of debts do you have? | 16a. | | | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." |
|-----|---|------|--|-------|--|--------|--|
| | | 16b. | | | iness debts? Business debt ment or through the operation | | debts that you incurred to obtain e business or investment. |
| | | 16c. | State the type of debts yo | u owe | e that are not consumer or bus | siness | s debts. |
| 17. | Are you filing under Chapter 7? | | No. I am not filing under | Chap | oter 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | V | • | | • | - | xempt property is excluded and to distribute to unsecured creditors? |
| 18. | How many creditors do you estimate that you owe? | | 1-49 50-99 100-199 200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

| Debtor 1 | Roxanna B. Kosin | Case number (if known) |
|----------|------------------|---------------------------------------|
| | | · · · · · · · · · · · · · · · · · · · |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| X /s/ Roxanna B. Kosin | X |
|----------------------------|-----------------------|
| Roxanna B. Kosin, Debtor 1 | Signature of Debtor 2 |
| Executed on 12/19/2017 | Executed on |
| MM / DD / YYYY | MM / DD / YYYY |

Debtor 1 Roxanna B. Kosin Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Patrick A. Foley | Dat | te 12/19/2017 | |
|----------------------------------|-------------|--------------------------|---|
| Signature of Attorney for Debtor | | MM / DD / YYY | Y |
| Patrick A. Foley | | | |
| Printed name | | | |
| John R. Foley PC | | | |
| Firm Name | | | |
| 18572 W. Outer Dr. | | | |
| Number Street | | | |
| Number Street | | | |
| Number Street | | | |
| - Street | | | |
| | M | 404.20 | |
| Dearborn | MI State | 48128 7/IP Code | |
| | MI State | 48128 ZIP Code | |
| Dearborn | | ZIP Code | |
| <u>Dearborn</u> City | State | ZIP Code | |

| Debtor 1 | Roxanna | B. | Kosin | | |
|--|--------------------------------------|--|--|--|-----------------------------|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for | the: EASTERN D | ISTRICT OF MICHIGAN | | |
| Case number | ., ., | | | | |
| (if known) | | | | | if this is an led filing |
| Official Form | 106A/B | | | | |
| Schedule A | B: Property | / | | | 12/1 |
| ling together, bo heet to this form | th are equally real. On the top of a | sponsible for suppl ny additional pages | Be as complete and accurate a lying correct information. If mo s, write your name and case nu ling, Land, or Other Real | ore space is needed, attach a mber (if known). Answer eve | separate ry question. |
| . Do you own | or have any legal | or equitable intere | est in any residence, building, la | and, or similar property? | |
| ☐ No. Go t ✓ Yes. Wh | to Part 2. here is the propert | y? | | | |
| .1. 5270 Fern St. treet address, if availa | able, or other descrip | tion Check a | the property? All that apply. Ble-family home Blex or multi-unit building | Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the | ims on Schedule D: |
| | N II 40 | Con | ndominium or cooperative | entire property? | portion you own? |
| toseville ity | | 066 ☐ Mar ^{Code} ☐ Lan | nufactured or mobile home d | \$62,000.00 | \$62,000.00 |
| /lacomb | | Tim | estment property eshare | Describe the nature of yo interest (such as fee simp entireties, or a life estate) | ole, tenancy by the |
| County | | — ☐ Oth | | Fee Simple | , |
| | | Check o | s an interest in the property? one. otor 1 only | ☐ Check if this is comm | nunity property |
| | | Deb | otor 2 only otor 1 and Debtor 2 only east one of the debtors and anoth | (see instructions) | |
| | | | nformation you wish to add abo y identification number: | out this item, such as local | |
| | • | • | Ill of your entries from Part 1, in Write that number here | | \$62,000.00 |
| Part 2: De | scribe Your V | ehicles | | | |
| | | | t in any vehicles, whether they a e, also report it on Schedule G: E | | |
| ou own that some | | | | | |
| | | port utility vehicles | s, motorcycles | | |

| Deb | tor 1 Roxanr | na B. Kosin | Ca | ase number (if known) | |
|----------|--|--|---|--|---|
| | e: lel: | Chrysler Town and Country 2012 100,000 | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured clai amount of any secured cla Creditors Who Have Claim Current value of the entire property? | ims on Schedule D: |
| | 2 Chrysler Tow prox. 100000 m | | Check if this is community property (see instructions) | | |
| 4. | Watercraft, aircr Examples: Boats ✓ No ✓ Yes | aft, motor homes, ATVs s, trailers, motors, person | s and other recreational vehicles, other ve al watercraft, fishing vessels, snowmobiles, | motorcycle accessories | |
| . | | | Part 2. Write that number here | | \$12,000.00 |
| Pa | art 3: Desci | ribe Your Personal | and Household Items | | |
| | | | nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | _ | ds and furnishings appliances, furniture, lin | ens, china, kitchenware | | |
| | ☐ No ☑ Yes. Describ | pe Household Furr | nishings | | \$715.00 |
| | | Coffee Tables - Lamp - \$10.00 Computer Equip Dining Table/Ch Stove/Oven - \$1 Couch - \$100.00 Nightstands - \$1 Bed - \$100.00 Refrigerator - \$1 Nightstands (2) | oment (Not working) - \$50.00 nairs - \$150.00 00.00) 10.00 | | |
| 7. | music | | video, stereo, and digital equipment; compu evices including cell phones, cameras, medi | | |
| | No ✓ Yes. Describ | De Electronics: Television - \$10 DVD Player - \$1 Computer Equip Microwave - \$10 | 0.00 oment (not working) - \$50.00 | | \$170.00 |
| 8. | | ues and figurines; paintin o, coin, or baseball card o | gs, prints, or other artwork; books, pictures, collections; other collections, memorabilia, co | | |

| Deb | tor 1 | Roxanna B. | Kosin | Case number (if known) | |
|-----|--------------------|-----------------------------|---|----------------------------------|---|
| 9. | | es: Sports, pho | s and hobbies otographic, exercise, and other hobby equipment; bicycles, p d kayaks; carpentry tools; musical instruments | oool tables, golf clubs, skis; | |
| | ✓ No ☐ Yes | . Describe | | | |
| 10. | | | es, shotguns, ammunition, and related equipment | | |
| | ☐ No ✓ Yes | . Describe | .38 Smith and Wesson Revolver 38 years old with a broken hammer | | \$50.00 |
| 11. | : | | clothes, furs, leather coats, designer wear, shoes, accessorie | es | |
| | | | Misc. Clothes | | \$200.00 |
| 12. | Jewelry Example | | iewelry, costume jewelry, engagement rings, wedding rings, h | neirloom jewelry, watches, gems, | |
| | □ No ✓ Yes | . Describe | Misc. Costume Jewelry Value: Below \$50.00 | | \$50.00 |
| 13. | | m animals es: Dogs, cats | s, birds, horses | | |
| | □ No ▼ Yes | . Describe | Dog and Cat | | \$50.00 |
| 14. | Any oth did not | - | and household items you did not already list, including an | y health aids you | |
| | | . Give specific | | | |
| 15. | | | of all of your entries from Part 3, including any entries for Write the number here | _ | \$1,235.00 |
| Pa | art 4: | Describe | Your Financial Assets | | |
| Doy | ou own/ | or have any lo | egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Example | es: Money you petition | ı have in your wallet, in your home, in a safe deposit box, and | d on hand when you file your | |
| | □ No ▼ Yes | | | Cash: | \$20.00 |
| 17. | • | - | savings, or other financial accounts; certificates of deposit; shouses, and other similar institutions. If you have multiple a list each. | | |
| | □ No ☑ Yes | | Institution name: | | |

| Deb | tor 1 Roxanna | B. Kosin | | | Case number (if known) | |
|-----|--|---------------------|------------------|--|--------------------------|-------------|
| | 17.1. Other | financial account: | Chase Bank | Accounts: | | |
| | | | Chase Check | king6897 - \$32.67 | | |
| | | | Chase Savin | gs6953 - \$0.57 | | |
| | | | Chase Savin | gs8485 - \$0.87 | | \$38.11 |
| 18. | √ No | | ccounts with bro | kerage firms, money marke | et accounts | |
| 19. | Non-publicly trade an interest in an LI | | - | rated and unincorporated | d businesses, including | |
| | ✓ No Yes. Give specinformation abouthem | out | entity: | | % of ownership: | |
| 20. | Negotiable instrume | ents include persor | nal checks, cash | iable and non-negotiable niers' checks, promissory n asfer to someone by signing | otes, and money orders. | |
| | ✓ No Yes. Give specinformation abouthem | out | me: | | | |
| 21. | • | | eogh, 401(k), 40 | 03(b), thrift savings accoun | nts, or other pension or | |
| | □ No | | | | | |
| | Yes. List each account separa | itely. Type of ac | count: Inst | titution name: | | |
| | | Pension pla | an: Re | tirement/Pension Acco | ounts | |
| | | | | P Account lue: \$69,622.30 | | |
| | | | Pe | troit Police Departmen nsion Plan lue: \$580.00 per month | | |
| | | | Ac Pe | partment of Homeland count nsion Plan lue: \$506.00 per month | | |
| | | | _ | | | \$70,708.30 |

| Deb | tor 1 | Roxanna B. Kosin | Case number (if known) | | |
|-----|--------------------|--|--|------------------------|--|
| 22. | Your sh Example | · | yments sits you have made so that you may continue service or use from a company andlords, prepaid rent, public utilities (electric, gas, water), telecommunications | | |
| | ☑ No | _ | la attitution, a casa, an in dividual. | | |
| 22 | _ | S | Institution name or individual: ecific periodic payment of money to you, either for life or for a number of years) | | |
| 23. | ☑ No | | | | |
| | ☐ Yes | s lss | suer name and description: | | |
| 24. | 26 U.S. | ts in an education IRA C. §§ 530(b)(1), 529A(b | a, in an account in a qualified ABLE program, or under a qualified state tuition b), and 529(b)(1). | n program. | |
| | ✓ No ☐ Yes | s Ins | stitution name and description. Separately file the records of any interests. 11 U. | S.C. § 521(c) | |
| 25. | | equitable or future int s exercisable for your | terests in property (other than anything listed in line 1), and rights or benefit | | |
| | _ | s. Give specific | | | |
| 26. | | | rks, trade secrets, and other intellectual property; mes, websites, proceeds from royalties and licensing agreements | | |
| | | s. Give specific ormation about them | | | |
| 27. | Example No Yes | | her general intangibles xclusive licenses, cooperative association holdings, liquor licenses, professional l | licenses | |
| Mor | | roperty owed to you? | | portion y Do not de | alue of the ou own? duct secured exemptions. |
| 28. | Tax ref | unds owed to you | | | |
| | ☑ No | | | | |
| | ☐ Yes | s. Give specific informa | | deral: | |
| | | out them, including whet a already filed the return | C+- | ate: | |
| | and | d the tax years | Loc | cal: | |
| 29. | Examp | support les: Past due or lump si | um alimony, spousal support, child support, maintenance, divorce settlement, pro | perty settlemer | nt |
| | ✓ No ☐ Yes | s. Give specific informa | ation Alimony: | | |
| | ш | · | Maintenance: | | |
| | | | Support: | | |
| | | | Divorce settlen | nent: | |
| | | | Property settle | ment: | |

| Deb | tor 1 Roxanna B. Kosin | Case number (if known) | |
|-----|---|--|---|
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability to compensation, Social Security benefits; unpaid loans you | | |
| | ✓ No✓ Yes. Give specific information | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account | int (HSA); credit, homeowner's, or renter's in | surance |
| | ✓ No Yes. Name the insurance company of each policy and list its value | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from someone who has If you are the beneficiary of a living trust, expect proceeds from a life entitled to receive property because someone has died | | |
| | ✓ No✓ Yes. Give specific information | | |
| 33. | Claims against third parties, whether or not you have filed a law <i>Examples:</i> Accidents, employment disputes, insurance claims, or right | | |
| | ✓ No ☐ Yes. Describe each claim | | |
| 34. | Other contingent and unliquidated claims of every nature, including rights to set off claims | ding counterclaims of the debtor and | |
| | ✓ No✓ Yes. Describe each claim | | |
| 35. | Any financial assets you did not already list | | |
| | ✓ No✓ Yes. Give specific information | | |
| 36. | Add the dollar value of all of your entries from Part 4, including attached for Part 4. Write that number here | | \$70,766.41 |
| Pá | art 5: Describe Any Business-Related Property You | Own or Have an Interest In. List a | ny real estate in Part 1 |
| 37. | Do you own or have any legal or equitable interest in any busine | ess-related property? | |
| | ✓ No. Go to Part 6.✓ Yes. Go to line 38. | | |
| 38 | Accounts receivable or commissions you already earned | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | No No | | |
| | Yes. Describe | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers desks, chairs, electronic devices | s, copiers, fax machines, rugs, telephones, | |
| | ✓ No ☐ Yes. Describe | | |

| Deb | tor 1 | Roxanna B. Kosin | Case number (if known) |
|-----|---------------|---|--|
| 40. | Machin | ery, fixtures, equipment, supplies you use in business, and tools of you | ur trade |
| | ✓ No ☐ Yes | s. Describe | |
| 41. | Invento | ry | |
| | ✓ No ☐ Yes | s. Describe | |
| 42. | Interes | ts in partnerships or joint ventures | |
| | ✓ No | s. Describe Name of entity: | % of ownership: |
| 43. | Custon | ner lists, mailing lists, or other compilations | |
| | ✓ No ☐ Yes | s. Do your lists include personally identifiable information (as defined in No Yes. Describe | n 11 U.S.C. § 101(41A))? |
| 44. | Any bu | siness-related property you did not already list | |
| | ✓ No ☐ Yes | s. Give specific information. | |
| 45. | | e dollar value of all of your entries from Part 5, including any entries for dollar value of all of your entries for the Part 5. Write that number here | |
| Pa | | Describe Any Farm- and Commercial Fishing-Related Prop If you own or have an interest in farmland, list it in Part 1. | perty You Own or Have an Interest In. |
| 46. | Do you | own or have any legal or equitable interest in any farm- or commercial | I fishing-related property? |
| | | Go to Part 7. s. Go to line 47. | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a | nimals les: Livestock, poultry, farm-raised fish | · |
| | ✓ No Yes | | |
| 48. | Crops- | either growing or harvested | |
| | | s. Give specific | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixtures, and tools of trac | de |
| | ✓ No ☐ Yes | S | |
| 50. | Farm a | nd fishing supplies, chemicals, and feed | |
| | ✓ No ☐ Yes | š | |

| Deb | tor 1 | Roxanna B. Kosin | Case nu | umber (if known) | | | | | | |
|-----|--|---|-----------------|------------------------------|----------|--------------|--------------|--|--|--|
| 51. | . Any farm- and commercial fishing-related property you did not already list No | | | | | | | | | |
| | Yes | s. Give specific rmation | | | | | | | | |
| 52. | | e dollar value of all of your entries from Part 6, includin d for Part 6. Write that number here | • • • • • | | →[| | \$0.00 | | | |
| Pa | Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | | | | | | | | | |
| 53. | • | have other property of any kind you did not already lises: Season tickets, country club membership | t? | | | | | | | |
| | ✓ No ☐ Yes | s. Give specific information. | | | _ | | | | | |
| 54. | Add the | e dollar value of all of your entries from Part 7. Write th | at number here | | →Ĺ | | \$0.00 | | | |
| Pa | art 8: | List the Totals of Each Part of this Form | | | | | | | | |
| 55. | Part 1: | Total real estate, line 2 | | | → | | \$62,000.00 | | | |
| 56. | Part 2: | Total vehicles, line 5 | \$12,000.00 | | | | | | | |
| 57. | Part 3: | Total personal and household items, line 15 | \$1,235.00 | | | | | | | |
| 58. | Part 4: | Total financial assets, line 36 | \$70,766.41 | | | | | | | |
| 59. | Part 5: | Total business-related property, line 45 | \$0.00 | | | | | | | |
| 60. | Part 6: | Total farm- and fishing-related property, line 52 | \$0.00 | | | | | | | |
| 61. | Part 7: | Total other property not listed, line 54 | + \$0.00 | | | | | | | |
| 62. | Total p | ersonal property. Add lines 56 through 61 | \$84,001.41 | Copy personal property total | + | - | \$84,001.41 | | | |
| 63. | Total of | f all property on Schedule A/B. Add line 55 + line 62 | | | | | \$146,001.41 | | | |

| Fill in this inf | ormation to ident | tify your | case: | | | |
|--|--|---|---|-------------------------------|--|---|
| Debtor 1 | Roxanna First Name | B. Middle Name | Kosin e Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Nam | | | | |
| | | | N DISTRICT OF MIC | CHIC | SAN | |
| Case number | initiapley Court for the | | | <u> </u> | 7.1.1 | Check if this is an amended filing |
| (if known) | | | | | | • |
| Official Form | 106C | | | | | |
| Schedule C | The Property | You Cl | aim as Exemp | t | | 04/16 |
| Using the property space is needed, fi | you listed on Schedul | le A/B: Prop s page as m | perty (Official Form 106 | SA/B) | as your source, list th | responsible for supplying correct information. ne property that you claim as exempt. If more essary. On the top of any additional pages, |
| is to state a speci exempted up to th receive certain be exemption of 100 | fic dollar amount as one amount of any appoint and tax-exeming fair market value | exempt. Al licable star pt retireme e under a la | ternatively, you may tutory limit. Some ex nt fundsmay be unl aw that limits the exe | clair emp imite mpti | n the full fair market tionssuch as those d in dollar amount. on to a particular do | you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an llar amount and the value of the ole statutory amount. |
| Part 1: Ide | ntify the Property | y You Cla | aim as Exempt | | | |
| 1. Which set of | exemptions are you | claiming? | Check one only, | even | if your spouse is filing | g with you. |
| | claiming state and fed | | kruptcy exemptions. J.S.C. § 522(b)(2) | 11 U. | S.C. § 522(b)(3) | |
| 2. For any prop | erty you list on <i>Sch</i> e | dule A/B th | nat you claim as exen | npt, f | ill in the information | below. |
| • | of the property and li | ne on | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | ck only one box for h exemption | |
| Brief description: | | | \$12,000.00 | V | \$3,775.00 | 11 U.S.C. § 522(d)(2) |
| • | own and Country (<i>A/B</i> :3.1 | approx. | | | 100% of fair market value, up to any applicable statutory limit | 3-2-(-),(-) |
| (Subject to ad | justment on 4/01/19 a | nd every 3 | more than \$160,375? years after that for cas | es fil | | |
| كا | | erty covered | d by the exemption with | hin 1 | 215 days before you | filed this case? |

Debtor 1

Roxanna B. Kosin

Case number (if known)

| Part 2: Additional Page | | | | |
|---|--------------------------------------|-------------------------|--|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: | \$715.00 | $\overline{\mathbf{A}}$ | \$715.00 | 11 U.S.C. § 522(d)(3) |
| Household Furnishings Coffee Tables - \$20.00 Lamp - \$10.00 | | | 100% of fair market value, up to any applicable statutory limit | |
| Computer Equipment (Not working) - \$50.00 | | | | |
| Dining Table/Chairs - \$150.00 Stove/Oven - \$100.00 Couch - \$100.00 | | | | |
| Nightstands - \$10.00 Bed - \$100.00 Refrigerator - \$150.00 | | | | |
| Nightstands (2) - \$25.00 Line from Schedule A/B:6 | | | | |
| Brief description: Electronics: | \$170.00 | | \$170.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Television - \$100.00 | | | value, up to any | |
| DVD Player - \$10.00 | | | applicable statutory | |
| Computer Equipment (not working) - \$50.00 | | | limit | |
| Microwave - \$10.00 Line from Schedule A/B:7 | | | | |
| Brief description: | \$50.00 | V | \$50.00 | 11 U.S.C. § 522(d)(5) |
| .38 Smith and Wesson Revolver 38 years old with a broken hammer | | | 100% of fair market value, up to any | |
| Line from Schedule A/B:10 | | | applicable statutory | |
| Brief description: Misc. Clothes | \$200.00 | V | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B:11 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$50.00 | $\overline{\mathbf{V}}$ | \$50.00 | 11 U.S.C. § 522(d)(4) |
| Misc. Costume Jewelry Value: Below \$50.00 | | | 100% of fair market | |
| Line from Schedule A/B: 12 | | | value, up to any applicable statutory limit | |
| Brief description: Dog and Cat | \$50.00 | \square | \$50.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B:13 | | Ц | value, up to any applicable statutory limit | |

Debtor 1 Roxanna B. Kosin Case number (if known)

| Part 2: Additional Page | Ourmant value of | Α | | On a life laws that all and a life and a lif |
|--|--|----------|---|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: Cash: \$20.00 | \$20.00 | ☑ | \$20.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B:16 | | | value, up to any applicable statutory limit | |
| Brief description: | \$38.11 | V | \$38.11 | 11 U.S.C. § 522(d)(5) |
| Chase Bank Accounts: | | | 100% of fair market value, up to any | |
| Chase Checking6897 - \$32.67 | | | applicable statutory | |
| Chase Savings6953 - \$0.57 | | | | |
| Chase Savings8485 - \$0.87 Line from Schedule A/B: 17.1 | | | | |
| Brief description: | \$70,708.30 | V | \$70,708.30 | 11 U.S.C. § 522(d)(12) |
| Retirement/Pension Accounts | | | 100% of fair market value, up to any | |
| TSP Account Value: \$69,622.30 | | | applicable statutory | |
| Detroit Police Department Retirement | | | | |
| Account Pension Plan | | | | |
| Value: \$580.00 per month | | | | |
| Department of Homeland Security Retirement Account | | | | |
| Pension Plan Value: \$506.00 per month | | | | |
| Line from Schedule A/B: 21 | | | | |

Official Form 106C Schedule C: The Property You Claim as Exempt Filed 12/19/17 Entered 12/19/17 13:44:17 Page 19 of 71

| Fill in this info | ormation to ide | ntify your case | : | | | | | |
|--|--|--------------------------|---------------------------|-------------------------|---|-----------------------------------|--|--|
| Debtor 1 | Roxanna | В. | Kosin | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bar | nkruptcy Court for th | e: EASTERN DIS | TRICT OF MICHIGA | .N | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | Check if this is amended filing | | | |
| | | | | | amended ming | , | | |
| Official Form | 106D | | | | | | | |
| Schedule D: | Creditors W | ho Have Cla | ims Secured b | y Property | | 12/15 | | |
| correct informatio On the top of any | Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? | | | | | | | |
| | ck this box and subrin all of the information | | court with your other scl | nedules. You have noth | ning else to report on th | is form. | | |
| Part 1: Lis | t All Secured C | laims | | | | | | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. | | | | | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | |
| 2.1 | | Describe the secures the | property that | \$16,699.00 | \$12,000.00 | \$4,699.00 | | |
| Credit Union On | е | | sler Town and | | | | | |
| Creditor's name 400 E. Nine Mile | | | oprox. 100000 mil | | | | | |
| Number Street | | | • | | | | | |
| | | | | Object all that and be | | | | |
| | | Continge | te you file, the claim is | : Cneck all that apply. | | | | |
| Ferndale | MI 48220 | | | | | | | |
| City | | | | | | | | |
| Who owes the deb | ot? Check one. | Nature of lie | n. Check all that apply | ' . | | | | |
| Debtor 1 only | | An agree | ment you made (such a | as mortgage or secured | car loan) | | | |
| Debtor 2 only | | | lien (such as tax lien, i | | | | | |
| Debtor 1 and D | · · | Judgmer | it lien from a lawsuit | | | | | |
| ☐ At least one of | the debtors and and | ✓ Other (III | cluding a right to offset |) | | | | |
| Check if this of to a communit | | Purchas | se Money | | | | | |
| Date debt was inc | urred <u>4/6/2015</u> | Last 4 digits | of account number | | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$16,699.00

| Debtor 1 Roxanna B. Kosin | Case number (if known) | | | | |
|--|---|--|---|-----------------------------------|--|
| Additional Page Part 1: After listing any entries on a sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| Quicken Loans Creditor's name P.O. Box 442359 Number Street | Describe the property that secures the claim: Primary Residence | \$99,155.92 | \$62,000.00 | \$37,155.92 | |
| Detroit MI 48224 City State ZIP Code Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, modulus) Judgment lien from a lawsuit Other (including a right to offset) | s mortgage or secured | car loan) | | |

Last 4 digits of account number 4 8 8 7

Add the dollar value of your entries in Column A on this page. Write that number here:

Date debt was incurred

\$44E 9E4

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$115,854.92

| Fill in this inf | ormation to i | dentify your c | ase: | | | |
|---|---|---|---|---|--|--------------------------------|
| Debtor 1 | Roxanna | B. | Kosin | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for | the: EASTERN | DISTRICT OF MICHIGAN | | | |
| Case number (if known) | | | | | Check if this amended filir | |
| Official Form | 106E/F | | | | | |
| Schedule E/ | F: Creditor | s Who Have | e Unsecured Claims | | | 12/15 |
| Do not include an If more space is n to this page. On t | y creditors with eeded, copy the he top of any ad | partially secured Part you need, fi ditional pages, w | and on Schedule G: Executory Co claims that are listed in Schedule Ill it out, number the entries in the rrite your name and case number secured Claims | D: Creditors Who I boxes on the left. | Hold Claims Sec | cured by Property. |
| | | | | | | |
| — N. O. | | unsecured clair | ns against you? | | | |
| ☑ No. Go t □ Yes. | 10 Part 2. | | | | | |
| claim. For ea show both prid more space is | ch claim listed, id ority and nonprior | entify what type of ty amounts. As m ty unsecured clair | creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of | ity and nonpriority an Iphabetical order acc | nounts, list that coording to the cree | laim here and ditor's name. If |
| (For an explar | nation of each typ | e of claim, see the | e instructions for this form in the ins | truction booklet. | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | | | | amount | umoum |
| Priority Creditor's Nam | | | Last 4 digits of account number | | - | _ |
| Priority Creditor's Nam | ie | | When was the debt incurred? | | - | |
| Number Street | | | This was the assemble to | | _ | |
| | | | As of the date you file, the claim | is: Check all that ap | ply. | |
| | | | Contingent Unliquidated | | | |
| 0: | 21.1 | 710.0 | Disputed | | | |
| City Who incurred the | State debt? Check of | ZIP Code | Type of BRIORITY uncocured of | nim. | | |
| Debtor 1 only | debt: Check | nie. | Type of PRIORITY unsecured clarifications Domestic support obligations | allii. | | |
| Debtor 2 only | | | Taxes and certain other debts | vou owe the governr | nent | |
| Debtor 1 and D | • | | Claims for death or personal in | , | | |
| 느 | the debtors and | | intoxicated | - | | |
| | claim is for a con | nmunity debt | Other. Specify | | | |
| Is the claim subje | ct to offset? | | | | | |
| □ No □ Yes | | | | | | |
| ⊔ ' " | | | | | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) |
|---|--|
| Part 2: List All of Your NONPRIORIT | Y Unsecured Claims |
| Yes 4. List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsecured type of claim it is. Do not list claims already incl | claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2. Total claim \$57.00 Last 4 digits of account number When was the debt incurred? 7/31/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for - At & T |
| Bank of America, N.A. Nonpriority Creditor's Name 4909 Savarese Circle FL19080147 Number Street Tampa FL 33634 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number When was the debt incurred? 6/1/2006 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | ured Claims Continuation Page | |
| After listing any entries on this page, number th previous page. | em sequentially from the | Total claim |
| 4.3 | | \$0.00 |
| Bank of America, N.A. | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 6/1/2006 | |
| 4909 Savarese Circle FL19080147 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Tampa FL 33634 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No Voc | | |
| Yes | | |
| 4.4 | | \$0.00 |
| Barclay's Bank Delaware | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 4/3/2008 | |
| PO Box 8803 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Wilmington DE 19899 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.5 | | \$45.00 |
| Benefeds FED VIP | Last 4 digits of account number 2 3 4 9 | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 414095 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Boston MA 02241-4059 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Dental Insurance | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.6 | | \$0.00 |
| Best Buy/CBNA | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 1/28/2012 | |
| PO Box 6497 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Sioux Falls SD 57117 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations origing out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.7 | | \$188.00 |
| Blue Cross/Blue Shield Nonpriority Creditor's Name | Last 4 digits of account number | |
| 20500 Civic Center Dr, | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent | |
| | Disputed | |
| Southfield MI 48076 City State ZIP Code | — — — — (NONDRIORITY | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify Health Insurance | |
| Is the claim subject to offset? | Trouble mountained | |
| ☑ No | | |
| ☐ Yes | | |
| 4.8 | | \$0.00 |
| Capital One | Last 4 digits of account number | Ψ0.00 |
| Nonpriority Creditor's Name | When was the debt incurred? 4/14/2006 | |
| PO Box 30253 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | ─ | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ✓ Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.9 | | \$0.00 |
| Capital One / Parisian | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 6/23/2012 | |
| PO Box 30253 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No Voc | | |
| Yes | | |
| 4.10 | | \$0.00 |
| Capital One/Art Van | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 12/1/2008 | |
| PO Box 30253 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No You | | |
| Yes | | |
| 4.11 | | \$0.00 |
| Capital One/Art Van | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 7/1/2003 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsec | ured Claims Continuation Page | |
| After listing any entries on this page, number th previous page. | em sequentially from the | Total claim |
| 4.12 | | \$0.00 |
| Capitol One/Best Buy | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 1/28/2012 | |
| PO Box 30253 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.13 | | \$0.00 |
| | Last 4 digits of account number | \$0.00 |
| Capitol One/Yamaha Nonpriority Creditor's Name | — — — — — | |
| | <u> </u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ☑ Other. Specify Credit Card | |
| Is the claim subject to offset? | Credit Gard | |
| ✓ No | | |
| Yes | | |
| 4.14 | | |
| | | \$0.00 |
| Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | |
| PO Box 15298 | When was the debt incurred? 1/12/2006 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| | — Disputed | |
| Wilmington DE 19850 City State ZIP Code | Time of NONDRIGHTY image and elemen | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Ves | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim |
| 4.15 | | \$0.00 |
| Chase Card | Last 4 digits of account number | |
| Nonpriority Creditor's Name PO Box 15298 | When was the debt incurred? 7/18/2016 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Wilmington DE 19850 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | Orean Gara | |
| ✓ No Yes | | |
| 4.16 | Lock & divide of account mumber | \$103.91 |
| Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? 12/22/2017 | |
| 29777 Gratiot Ave. Number Street | As of the date you file, the claim is: Check all that apply. | |
| Roseville, MI | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Arrearage | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.17 | | \$112.05 |
| Comcast | Last 4 digits of account number 9 0 2 0 | |
| Nonpriority Creditor's Name PO Box 7500 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent | |
| | Disputed | |
| Southeastern PA 19398-7500 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Cable/Internet/Security System | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| □ ' " " | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsec | cured Claims Continuation Page | |
| After listing any entries on this page, number t previous page. | hem sequentially from the | Total claim |
| 4.18 | | \$0.00 |
| Comenity Bank/Carsons | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 6/23/2012 | |
| PO Box 182789 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Columbus OH 43218 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.19 | | \$0.00 |
| Comenity Bank/Victoria's Secret | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 12/11/2005 | |
| PO Box 182789 | | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| Columbus OH 42249 | Disputed | |
| Columbus OH 43218 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | ordan dara | |
| ☑ No | | |
| Yes | | |
| 4.20 | | \$100.00 |
| Consumers Energy | Last 4 digits of account number 7 1 0 6 | Ψ100.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 4600 Coolidge Hwy Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Royal Oak MI 48068 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| ☐ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.21 | | \$0.00 |
| Credit First | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 8/24/2005 | |
| PO Box 81315 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Succes | _ ☐ Contingent | |
| | Unliquidated | |
| Cleveland OH 44181 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | Other. Specify | |
| | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| ☑ No □ Yes | | |
| | | |
| 4.22 | | \$102.00 |
| DTE Energy | Last 4 digits of account number 0 0 1 9 | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| P.O. Box 2859 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Detroit, MI 4826-0001 | _ Contingent | |
| | Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Electric Bill | |
| Is the claim subject to offset? | Licoti lo Bili | |
| ☑ No | | |
| Yes | | |
| 4.22 | | |
| 4.23 | | \$0.00 |
| Fifth Third Bank | Last 4 digits of account number | |
| Nonpriority Creditor's Name 5050 Kingsley Dr. MD 1MOC2G | When was the debt incurred? 5/20/2005 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Cincinnati OH 45263 | | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| 1 1 185 | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | ured Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim |
| 4.24 | | \$140.75 |
| Fremont | Last 4 digits of account number | ******* |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 933 E Main St Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Eromont MI 40412 | Disputed | |
| Fremont MI 49412 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| ✓ Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Car Insurance | |
| Is the claim subject to offset? | | |
| No Voc | | |
| Yes | | |
| 4.25 | | \$0.00 |
| LI Kohls/Capital One | Last 4 digits of account number | Ψ0.00 |
| Nonpriority Creditor's Name | — | |
| PO Box 3115 | <u> </u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| | Unliquidated Disputed | |
| Milwaukee WI 53201 | _ _ | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.26 | | |
| 4.26 | | \$0.00 |
| Macys/DSNB | Last 4 digits of account number | |
| Nonpriority Creditor's Name PO Box 8218 | When was the debt incurred? 1/1/2005 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Mason OH 45040 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| L | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | Sicult Gaid | |
| No | | |
| ▼ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsec | eured Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | nem sequentially from the | Total claim |
| 4.27 | | \$0.00 |
| Midland Mortgage | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 2/2/2008 | |
| PO Box 268959 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Oklahoma City OK 73126 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ✓ Other. Specify | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.28 | | \$0.00 |
| CWEN/GMAC Mortgage | Last 4 digits of account number | φυ.υυ |
| Nonpriority Creditor's Name | When was the debt incurred? 2/1/2008 | |
| 3451 Hammond Ave. PO Box 4622 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Waterloo IA 50704 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.29 | | \$10.00 |
| LI Planet Fitness | Last 4 digits of account number 2 7 3 7 | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 4 Liberty Lane West Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Hampton NH 03842 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | • • | |
| No Yes | | |
| | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|---|--------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.30 | | \$0.00 |
| LI PNC Bank | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 5/2/2013 | |
| PO Box 3180 | <u></u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ | |
| | Disputed | |
| Pittsburg PA 15230 City State ZIP Code | | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.31 | | ¢0.00 |
| | Last A digita of account number | \$0.00 |
| Sears/CBNA Nonpriority Creditor's Name | Last 4 digits of account number | |
| | When was the debt incurred? 12/15/2003 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| | ☐ Unliquidated ☐ Disputed | |
| | _ | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.32 | | 40.00 |
| | Local A. Porto of account months | \$0.00 |
| Sears/CBNA Nonpriority Creditor's Name | Last 4 digits of account number | |
| Homphonia Ground Criamo | When was the debt incurred? 12/11/2005 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| | | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No | | |
| T Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Uns | secured Claims Continuation Page | |
| After listing any entries on this page, number previous page. | er them sequentially from the | Total claim |
| 4.33 | | \$0.00 |
| LI Sears/CBNA | Last 4 digits of account number | φυ.υυ |
| Nonpriority Creditor's Name | When was the debt incurred? 12/1/2003 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ✓ Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community d | ebt Credit Card | |
| Is the claim subject to offset? I✓I No | | |
| ☑ No □ Yes | | |
| | | |
| 4.34 | | \$0.00 |
| Sears/CBNA Nonpriority Creditor's Name | Last 4 digits of account number | |
| | When was the debt incurred? 12/1/2003 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | □ Debts to pension or profit-sharing plans, and other similar debts□ Other. Specify | |
| Check if this claim is for a community d | ebt Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.35 | | \$0.00 |
| Synchrony Bank Care Credit | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 8/30/2017 | |
| PO Box 965036 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated ☐ Disputed | |
| Orlando FL 32896 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community de | ebt Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Ves | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsec | cured Claims Continuation Page | |
| After listing any entries on this page, number t previous page. | hem sequentially from the | Total claim |
| 4.36 | | \$0.00 |
| Synchrony Bank/JC Penny | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 7/10/2014 | |
| PO Box 965007 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Orlando FL 32896 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.37 | | \$0.00 |
| Synchrony Bank/JC Penny | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name | When was the debt incurred? 12/10/2006 | |
| PO Box 965007 | <u></u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| Orlando FL 32896 | Disputed | |
| Orlando FL 32896 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ☑ Other. Specify Credit Card | |
| Is the claim subject to offset? | oroan oara | |
| ✓ No | | |
| Yes | | |
| 4.38 | | |
| | Last 4 digits of account number | \$0.00 |
| Synchrony Bank/JC Penny Nonpriority Creditor's Name | When was the debt incurred? 11/25/2012 | |
| PO Box 965007 | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Orlando FL 32896 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | C. Out Gui a | |
| ✓ No | | |
| ☐ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.39 | | \$0.00 |
| Synchrony Bank/Old Navy | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 12/2/2003 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent Unliquidated Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Other. Specify Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No Yes | | |
| 4.40 | Local Addinite of account number | \$0.00 |
| Synchrony Bank/Sams Club Nonpriority Creditor's Name | Last 4 digits of account number | |
| PO Box 965005 | When was the debt incurred? 6/20/1999 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent | |
| | — ☐ Disputed | |
| Orlando FL 32896 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations original out of a constation agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No No | | |
| Yes | | |
| 4.41 | | \$0.00 |
| LI Target National Bank | Last 4 digits of account number | Ψ0.00 |
| Nonpriority Creditor's Name | When was the debt incurred? 1/1/2004 | |
| Number Circot | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| | Disputed | |
| City State ZIP Code | Type of NONERIORITY uncoursed claims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| - | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |

| Debtor 1 Roxanna B. Kosin | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim |
| 4.42 | | \$29.00 |
| TD Bank USA/Target | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 8/29/2016 | |
| PO Box 673 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Minnoanolia MN 55440 | Disputed | |
| Minneapolis MN 55440 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| ✓ Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No Voc | | |
| Yes | | |
| 4.43 | | \$0.00 |
| LI The Home Depot/CBNA | Last 4 digits of account number | Ψ0.00 |
| Nonpriority Creditor's Name | — — — — — — | |
| PO Box 6497 | <u></u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| | — Disputed | |
| Sioux Falls SD 57117 City State ZIP Code | – | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debtor 1 only | Student loans Obligations origing out of a constration agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.44 | | \$0.00 |
| | Local A digital of account number 2 2 4 6 | \$0.00 |
| US Bank Nonpriority Creditor's Name | Last 4 digits of account number 2 3 4 6 | |
| P.O. Box 108 | When was the debt incurred? 8/1/2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| | — ☐ Disputed | |
| St. Louis MO 63166 | ' | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| ☐ Yes | | |

Debtor 1 Roxanna B. Kosin Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.45 \$210.73 Verizon Last 4 digits of account number 0 0 0 1 Nonpriority Creditor's Name When was the debt incurred? PO Box 4002 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Acworth GA 30101 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Phone Service** Is the claim subject to offset? **☑** No

T Yes

| Debtor 1 | Roxanna B. Kosin | | Case number (if known) | |
|----------|------------------|--|------------------------|--|
|----------|------------------|--|------------------------|--|

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------------------|-----|---|-------------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. \$0.00 |
| | | | |
| | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00 |
| 6 | | Debts to pension or profit-sharing plans, and other similar debts | 6h. \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$1,098.44 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. \$1,098.44 |

| Fill in this inf | ormation to i | dentify your case | : | | |
|------------------------|-----------------------|----------------------------|--------------------|---|----------------------------|
| Debtor 1 | Roxanna First Name | B. Middle Name | Kosin Last Name | | |
| Debtor 2 | | | | _ | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court fo | or the: EASTERN DIS | STRICT OF MICHIGAN | _ | |
| Case number (if known) | | | | | Check if this amended fili |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Debtor 1 | nformation to id | B. Middle Name | Kosin Last Name | | |
|--|--|---|---|---|------|
| Debtor 2 | i iist Name | Middle Name | Lastivanie | | |
| (Spouse, if filin | ng) First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court fo | r the: EASTERN DIS | STRICT OF MICHIGAN | | |
| Case number (if known) | | | | Check if this is an amended filing | |
| Official For | m 106H | | | | |
| Schedule I | | -1-1 | | | |
| Codebtors are p wo married peo needed, copy th | people or entities v ople are filing toge ne Additional Page | vho are also liable for ther, both are equally , fill it out, and numbe | responsible for supplying corre | left. Attach the Additional Page to this | 12/1 |
| Codebtors are power married per the decidence of the decidence of the top of | people or entities v ople are filing toge ne Additional Page | vho are also liable fo ther, both are equally , fill it out, and numb al Pages, write your n | responsible for supplying corre er the entries in the boxes on the | ct information. If more space is left. Attach the Additional Page to this . Answer every question. | 12/1 |
| Codebtors are power married per | people or entities vople are filing toge ne Additional Page op of any Additional ve any codebtors? | who are also liable for ther, both are equally , fill it out, and numbe al Pages, write your n (If you are filing a jo | r responsible for supplying correct the entries in the boxes on the lame and case number (if known) wint case, do not list either spouse a | ct information. If more space is left. Attach the Additional Page to this . Answer every question. s a codebtor.) (Community property states and territories | 12/1 |
| Codebtors are power married per peded, copy the page. On the to peded with the pe | people or entities vopple are filing toge ne Additional Page op of any Additional ve any codebtors? last 8 years, have yona, California, Idal to to line 3. | who are also liable for ther, both are equally , fill it out, and number al Pages, write your n (If you are filing a jour you lived in a community | responsible for supplying correct the entries in the boxes on the name and case number (if known) wint case, do not list either spouse a unity property state or territory? | ct information. If more space is left. Attach the Additional Page to this . Answer every question. s a codebtor.) (Community property states and territories Washington, and Wisconsin.) | 12/1 |

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| F | ill in this inform | ation to iden | tify your case: | | | | | |
|------------------------|---|---|---|--|-------------------|---------------------|-------------------------|--|
| | Debtor 1 | Roxanna | B. | Kosin | | | | |
| | | First Name | Middle Name | Last Name | | | Che | eck if this is: |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | $- \Box $ | An amended filing |
| | United States Bankr | uptcy Court for th | ne: EASTERN D | ISTRICT OF MIC | HIGA | N | | A supplement showing postpetition |
| | Case number | | | | _ | | _ | chapter 13 income as of the following date: |
| L | (if known) | | | | | | | MM / DD / YYYY |
| _ | fficial Form 10 | - | | | | | | |
| S | chedule I: You | ur Income | | | | | | 12/15 |
| res inc ab yo | sponsible for supply clude information ab out your spouse. If ur name and case n | ing correct info out your spous more space is r | rmation. If you are e. If you are separ needed, attach a se n). Answer every c | e married and not ated and your spe parate sheet to th | filing ouse is | jointly s not fi | and your ling with y | I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write |
| 1. | Fill in your emploinformation. | yment | | Dalitand | | | | Dalatan O annuan (Illian annuan |
| | If you have more th | | -1 | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | job, attach a separ with information ab | ato pago | ployment status | ☐ Employed✓ Not employ | ed | | | ☐ Employed ☐ Not employed |
| | additional employe | rs. | cupation | | | | | |
| | Include part-time, s or self-employed w | | ployer's name | | | | | |
| | Occupation may in | | ployer's address | | | | | |
| | student or homema applies. | aker, if it | | Number Street | | | | Number Street |
| | | | | | | | | - |
| | | | | | | | | _ |
| | | | | | | | | |
| | | | | City | | State | Zip Code | City State Zip Code |
| | | Hov | w long employed t | nere? | | | _ | |
| | Part 2: Give D | etails About | Monthly Incom | e | | | | |
| | | | | | ing to | roport | for any line | , write \$0 in the space. Include your |
| | n-filing spouse unless | | | ii. Ii you nave nou | iiig to | тероп | ioi ariy iirie | , write 50 in the space. Include your |
| | ou or your non-filing on need more space, a | | | er, combine the inf | ormati | on for a | all employe | rs for that person on the lines below. If |
| yo | a neca more space, e | maon a soparate | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse |
| 2. | | | r, and commissions onthly, calculate what | | 2. | | \$0.00 | |
| 3. | Estimate and list | monthly overtim | ne pay. | | 3. 4 | | \$0.00 | |
| 4. | Calculate gross in | ncome. Add line | e 2 + line 3. | | 4. | | \$0.00 | |

| Deb | tor 1 | Roxanna B. Kosin | | Case nun | nber | (if know | m) | | |
|-----|---------------------|--|-------------------|------------------------|-------|-----------------------|-----------|--------------|-------------------------|
| | | | | For Debtor 1 | - | or Debto on-filing | |) | |
| | Сору | v line 4 here | 4. | \$0.00 | | | | _ | |
| 5. | List a | all payroll deductions: | | | | | | | |
| | 5a. T | Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | | | | |
| | 5b. I | Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | | |
| | 5c. \ | Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | | |
| | 5d. I | Required repayments of retirement fund loans | 5d. | \$0.00 | | | | | |
| | 5e. I | Insurance | 5e. | \$0.00 | | | | | |
| | 5f. I | Domestic support obligations | 5f. | \$0.00 | | | | | |
| | 5g. l | Union dues | 5g. | \$0.00 | | | | | |
| | - | Other deductions. Specify: | 5h. - | \$0.00 | | | | | |
| 6. | Add t 5g + 5 | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h. | 6. | \$0.00 | | | | | |
| 7. | Calcu | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | | | | |
| 8. | List a | all other income regularly received: | | | | | | | |
| | | Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | | | | |
| | Ç | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| | 8b. I | Interest and dividends | 8b. | \$0.00 | | | | | |
| | | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| | 8d. l | Unemployment compensation | 8d. | \$0.00 | | | | | |
| | 8e. \$ | Social Security | 8e. | \$1,671.00 | | | | | |
| | 8f. (| Other government assistance that you regularly receive | | | | | | | |
| | (| Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | 5 | Specify: | 8f. | \$0.00 | | | | | |
| | 8g. I | Pension or retirement income | - 8g. | \$1,086.00 | | | , | | |
| | | Other monthly income. | | | | | | | |
| | • | Specify: | 8h. . - | + | _ | | | , | |
| 9. | Add a | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$2,757.00 | | | | | |
| 10. | | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$2,757.00 | + | | | = | \$2,757.00 |
| 11. | | all other regular contributions to the expenses that you list in S | | | | | | | |
| | | de contributions from an unmarried partner, members of your houselds or relatives. | nold, y | our dependents, you | r roc | ommates | s, and ot | her | |
| | | ot include any amounts already included in lines 2-10 or amounts that | t are i | not available to pay e | xpe | nses list | ed in Sc | hec | lule J. |
| | Speci | ify: Half of Phone Bill, paid by son Michael Kosin | | | | | _ 11. | + | \$106.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. ne. Write that amount on the Summary of Your Assets and Liabilities | | | | | 12. | | \$2,863.00 |
| 12 | | oplies. ou expect an increase or decrease within the year after you file t | hic fo | rm? | | | | | Combined monthly income |
| 13. | | | 1115 10 | 11111 f | | | | | |
| | _ | No. None. Yes. Explain: | | | | | | | |
| | | i e e e e e e e e e e e e e e e e e e e | | | | | | | |

| | Fill in this inform | ation to identify | y your case: | | | | | | | |
|--------------|---|------------------------------------|--|------------------|---|---------|----------|---------------------------------------|--------|---|
| | Debtor 1 | Roxanna First Name | B. Middle Name | Kosin Last Na | | Che | | is: ended filing lement showing | postpe | tition |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | me | | | 13 expenses as | | |
| | United States Bankro | uptcy Court for the: | EASTERN DIST | RICT OF N | MICHIGAN | | MM / D | D ()000/ | | |
| | Case number | | | | | | MIMI / D | D / YYYY | | |
| | (if known) fficial Form 10 | 6.I | | | |] | | | | |
| _ | chedule J: Yo | | ; | | | | | | | 12/15 |
| co na | rrect information. If me and case numbe | more space is need if known). Answ | eded, attach anothe ver every question. | | ing together, both ar his form. On the top | | | | | |
| L | | be Your Housel | noid | | | | | | | |
| 1. 2. | □ No | e 2. ebtor 2 live in a sep | parate household? Official Form 106J- | 2, Expenses | s for Separate Housel | nold of | Debtor | 2. | | |
| | Do not list Debtor 1 Debtor 2. | land 🔲 | Yes. Fill out this info for each dependent. | | Dependent's relation | | to to | Dependent's age | live v | dependent vith you? No |
| | Do not state the de names. | pendents' | | | | | | | | Yes No Yes No Yes No Yes No Yes |
| 3. | Do your expenses expenses of peop yourself and your | le other than | ✓ No ☐ Yes | | | | | | Ц | 100 |
| | Part 2: Estima | te Your Ongoin | ng Monthly Expe | enses | | | | | | |
| to | | of a date after the l | | - | re using this form as supplemental Sche | | - | • | | 9 |
| | clude expenses paid ch assistance and h | | - | - | | | | Your expens | es | |
| 4. | | | nses for your residency rent for the groun | | | | 4 | 1 | | \$773.00 |
| | If not included in | line 4: | | | | | | | | |
| | 4a. Real estate ta | xes | | | | | 4 | ła | | |
| | 4b. Property, hom | eowner's, or renter's | s insurance | | | | 4 | łb | | |
| | 4c. Home mainter | nance, repair, and u | pkeep expenses | | | | 2 | łc | | |
| | 4d. Homeowner's | association or cond | lominium dues | | | | 2 | ld. | | |

| Deb | tor 1 | Roxanna B. Kosin | Case number (if known |) |
|-----|----------|---|-----------------------|------------|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a. | |
| | 20b. | Real estate taxes | 20b. | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | |
| | 20e. | Homeowner's association or condominium dues | 20e. | |
| 21. | Other | r. Specify: | 21. | · |
| 22. | Calcu | alate your monthly expenses. | _ | |
| | 22a. | Add lines 4 through 21. | 22a. | \$2,691.38 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2. 22b. | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$2,691.38 |
| 23. | Calcu | ulate your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$2,863.00 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$2,691.38 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$171.62 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after yo | ou file this form? | |
| | | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your morto | . , | |
| | 1 | No. | | |
| | □ ` | Yes. Explain here: None. | | |
| | | | | |
| | | | | |

| Debtor 1 | Roxanna First Name | B. Middle Name | Kosin Last Name | |
|---------------------|-----------------------|-------------------|--------------------|------------------------------------|
| Debtor 2 | | aus Hamo | 2001.100 | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| Case number | | | | Chack if this is a |
| (if known) | | | | Check if this is an amended filing |

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Р | art 1: Summarize Your Assets | |
|----|--|------------------------------------|
| | | Your assets Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$62,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$84,001.41 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$146,001.41 |
| Р | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$115,854.92 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | +\$1,098.44 |
| | Your total liabilities | \$116,953.36 |
| P | art 3: Summarize Your Income and Expenses | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,863.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,691.38 |

| Del | btor 1 | Roxanna B. Kosin | Case number (if known) | |
|--|-----------|--|--|----------------------|
| Р | art 4: | Answer These Questions for Administrative and Statis | tical Records | |
| 6. | Are you | i filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | □ No ✓ Ye | . You have nothing to report on this part of the form. Check this box and s | submit this form to the court with yo | our other schedules. |
| 7. | What k | nd of debt do you have? | | |
| Your debts are primarily consumer debts. Consumer debts are those "incurred by family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical pu | | | • | |
| | | ur debts are not primarily consumer debts. You have nothing to report s form to the court with your other schedules. | t on this part of the form. Check this | s box and submit |
| 8. | | Statement of Your Current Monthly Income: Copy your total current Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14 | | \$2,204.25 |
| 9. | Copy tl | ne following special categories of claims from Part 4, line 6 of Schedu | ule E/F: | |
| | | | Total claim | |
| | From P | art 4 on Schedule E/F, copy the following: | | |
| | 9a. Do | mestic support obligations. (Copy line 6a.) | \$0.0 | 00 |

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

| Fill in this in | formation to i | dentify your case | | |
|-----------------------------|--------------------|---------------------------|-----------------------------|---|
| Debtor 1 | Roxanna | В. | Kosin | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 |) First Name | Middle Name | Last Name | _ |
| (Spouse, if filing |) First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court fo | r the: EASTERN DIS | TRICT OF MICHIGAN | _ |
| Case number (if known) | | | | Check if this is an amended filing |
| Official Form | n 106Dec | | | |
| | | ndividual Dobt | or's Schedules | 12/15 |
| | | | | ,., |
| Si | gn Below | | | |
| Did you pay | or agree to pay s | someone who is NOT | an attorney to help you fil | l out bankruptcy forms? |
| ⋈ No | | | | |
| Yes. N | lame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Under penal true and cor | | clare that I have read | the summary and schedu | les filed with this declaration and that they are |
| X /s/ Roxa | nna B. Kosin | | x | |
| Roxanna | B. Kosin, Debtor 1 | | Signature of Debtor | 2 |

Date

MM / DD / YYYY

Date <u>12/19/2017</u> MM / DD / YYYY

| Fill in this in | formation to i | dentify your case | : | | | |
|--------------------|----------------------|---------------------------|------------------------|--|-------|--|
| Debtor 1 | Roxanna | В. | Kosin | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing | j) First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court fo | r the: EASTERN DIS | TRICT OF MICHIG | AN | | |
| Case number | | | | | | |
| (if known) | | | | Check if this is an amended filing | | |
| Official Forn | n 107 | | | | | |
| | | Affaira for Ind | ividuala Eilina | for Pankruntay | 04/16 | |
| Statement | oi Filianciai | Allalis for illu | ividuais Filling | g for Bankruptcy | 04/10 | |
| your name and c | ase number (if kr | nown). Answer every | question. | s form. On the top of any additional pages, write You Lived Before | | |
| 1. What is you | r current marital s | status? | | | | |
| ☐ Married | | | | | | |
| ✓ Not marr | ried | | | | | |
| 2. During the la | ast 3 years, have | you lived anywhere o | ther than where you | live now? | | |
| ☑ No | | | • | | | |
| Yes. Lis | — | | | | | |
| (Community | • | • | • . | ent in a community property state or territory? o, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, | | |
| ☑ No | | | | | | |
| Yes. Ma | ike sure you fill ou | t Schedule H: Your Co | debtors (Official Form | 106H). | | |

| Deb | otor 1 | Roxanna | B. Kosin | Case number (if known) | | | | |
|--|----------------------|---|---|---|--|--|--|--|
| P | art 2: | Explair | the Sources of Your Income | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | | | |
| | ✓ No ☐ Yes. | ✓ No ☐ Yes. Fill in the details. | | | | | | |
| 5. | Include i unemplo | bid you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; nemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under better 1. | | | | | | |
| | List each | source ar | nd the gross income from each source separately. Do not incl | ude income that you listed in line 4. | | | | |
| | ✓ No ☐ Yes. | Fill in the | details. | | | | | |
| Р | art 3: | List Ce | rtain Payments You Made Before You Filed for | Bankruptcy | | | | |
| 6. | Are eith | er Debtor | 1's or Debtor 2's debts primarily consumer debts? | | | | | |
| | □ No. | | Debtor 1 nor Debtor 2 has primarily consumer debts. <i>Con</i> d by an individual primarily for a personal, family, or household | , | | | | |
| | | During t | he 90 days before you filed for bankruptcy, did you pay any cr | editor a total of \$6,425* or more? | | | | |
| | | □ No. | Go to line 7. | | | | | |
| | | ☐ Yes. | List below each creditor to whom you paid a total of \$6,425* total amount you paid that creditor. Do not include payments child support and alimony. Also, do not include payments to | s for domestic support obligations, such as | | | | |
| | | * Subjec | ct to adjustment on 4/01/19 and every 3 years after that for cas | ses filed on or after the date of adjustment. | | | | |
| | ✓ Yes. | Debtor | 1 or Debtor 2 or both have primarily consumer debts. | | | | | |
| | | During t | he 90 days before you filed for bankruptcy, did you pay any cr | editor a total of \$600 or more? | | | | |
| | | ✓ No. | Go to line 7. | | | | | |
| | | ☐ Yes. | List below each creditor to whom you paid a total of \$600 or creditor. Do not include payments for domestic support oblig Also, do not include payments to an attorney for this bankrup. | gations, such as child support and alimony. | | | | |

| Deb | otor 1 | Roxanna B. Kosin | Case number (if known) |
|-----|---------------------------------|---|--|
| 7. | Insidera corpora agent, i | n 1 year before you filed for bankruptcy, did you make a payment on ers include your relatives; any general partners; relatives of any general partners of which you are an officer, director, person in control, or owner of including one for a business you operate as a sole proprietor. 11 U.S.C as child support and alimony. | artners; partnerships of which you are a general partner; 20% or more of their voting securities; and any managing |
| | ✓ No | lo es. List all payments to an insider. | |
| 3. | | n 1 year before you filed for bankruptcy, did you make any payments fited an insider? | or transfer any property on account of a debt that |
| | Include | de payments on debts guaranteed or cosigned by an insider. | |
| | ✓ No ☐ Yes | lo es. List all payments that benefited an insider. | |
| | | | |
| P | art 4: | Identify Legal Actions, Repossessions, and Foreclos | ures |
| 9. | List all | n 1 year before you filed for bankruptcy, were you a party in any laws II such matters, including personal injury cases, small claims actions, dividications, and contract disputes. | · · · · · · · · · · · · · · · · · · · |
| | ✓ No | lo es. Fill in the details. | |
| 10. | seized | n 1 year before you filed for bankruptcy, was any of your property red, or levied? k all that apply and fill in the details below. | possessed, foreclosed, garnished, attached, |
| | سنا | lo. Go to line 11. es. Fill in the information below. | |
| 11. | | n 90 days before you filed for bankruptcy, did any creditor, including ints from your accounts or refuse to make a payment because you o | · · · · · · · · · · · · · · · · · · · |
| | ✓ No ☐ Yes | lo es. Fill in the details. | |
| 12. | | n 1 year before you filed for bankruptcy, was any of your property in tors, a court-appointed receiver, a custodian, or another official? | the possession of an assignee for the benefit of |
| | ✓ No ☐ Yes | | |

| Deb | tor 1 | Roxanna B. Kosin | Cas | e number (if kn | own) | |
|--------------|-----------------------|---|---|--------------------|-----------------------|------------------------|
| Pa | art 5: | List Certain Gifts and Con | tributions | | | |
| 13. | Within 2 | 2 years before you filed for bankru | ptcy, did you give any gifts with a total va | alue of more th | an \$600 per persor | 1? |
| | ✓ No ☐ Yes | . Fill in the details for each gift. | | | | |
| 14. | Within 2 to any o | - | ptcy, did you give any gifts or contributio | ons with a total | value of more than | \$600 |
| | ✓ No ☐ Yes | . Fill in the details for each gift or co | ntribution. | | | |
| Pa | art 6: | List Certain Losses | | | | |
| l 5 . | | year before you filed for bankrup saster, or gambling? | tcy or since you filed for bankruptcy, did | you lose anytl | hing because of the | ft, fire, |
| | □ No ☑ Yes | . Fill in the details. | | | | |
| | cribe the loss occ | property you lost and how urred | Describe any insurance coverage for the Include the amount that insurance has paid insurance claims on line 33 of <i>Schedule A</i> / | d. List pending | | Value of property lost |
| Gar | nbling | | | , | Within past year | \$5,000.00 |
| Pa | art 7: | List Certain Payments or 1 | ransfers | | | |
| 16. | | | tcy, did you or anyone else acting on you | | r transfer any prop | erty to |
| | - | • | cruptcy or preparing a bankruptcy petitio eparers, or credit counseling agencies for se | | d for your bankruptcy | <i>/</i> . |
| | ✓ No ☐ Yes | . Fill in the details. | | | | |
| 17. | | • | tcy, did you or anyone else acting on you th your creditors or to make payments to | | | erty to |
| | - | nclude any payment or transfer that | | | | |
| | ✓ No ☐ Yes | . Fill in the details. | | | | |
| 18. | | • | ptcy, did you sell, trade, or otherwise tran e of your business or financial affairs? | nsfer any prop | erty to anyone, oth | er than |
| | | both outright transfers and transfers nclude gifts and transfers that you ha | made as security (such as granting of a sec ave already listed on this statement. | curity interest or | mortgage on your p | roperty). |
| | ✓ No ☐ Yes | . Fill in the details. | | | | |
| 19. | | 0 years before you filed for bankr a beneficiary? (These are often | uptcy, did you transfer any property to a called asset-protection devices.) | self-settled tru | st or similar device | of which |
| | ✓ No ☐ Yes | . Fill in the details. | | | | |

| Del | otor 1 | Roxanna B. Kosin Case number (if known) |
|---------|-----------------|---|
| Part 8: | | List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units |
| | Within benefit, | I year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your closed, sold, moved, or transferred? checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage pension funds, cooperatives, associations, and other financial institutions. |
| | ☑ No □ Yes | . Fill in the details. |
| 21. | - | now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository urities, cash, or other valuables? |
| | ✓ No ☐ Yes | . Fill in the details. |
| 22. | ✓ No | ou stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? . Fill in the details. |
| Р | art 9: | Identify Property You Hold or Control for Someone Else |
| 23. | • | hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone. |
| | ✓ No ☐ Yes | . Fill in the details. |
| Р | art 10: | Give Details About Environmental Information |
| For | the purp | ose of Part 10, the following definitions apply: |
| | hazardoι | nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of is or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, statutes or regulations controlling the cleanup of these substances, wastes, or material. |
| | | ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites. |
| | | us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic e, hazardous material, pollutant, contaminant, or similar item. |
| Rep | oort all ne | otices, releases, and proceedings that you know about, regardless of when they occurred. |
| 24. | Has any law? | governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental |
| | ✓ No ☐ Yes | . Fill in the details. |

| Deb | otor 1 | Roxanna B. Kosin | Case numl | per (if known) |
|---------------------|----------------------------------|--|--|---|
| 25. | ✓ No | , • | of any release of hazardous material? | |
| 26. | _ | ou been a party in any judicial or | dministrative proceeding under any environme | ntal law? Include settlements and |
| | ✓ No □ Ye | s. Fill in the details. | | |
| Р | art 11: | Give Details About Your I | usiness or Connections to Any Busine | ess |
| 27. | Within busine | - | ptcy, did you own a business or have any of the | e following connections to any |
| | | A member of a limited liability com A partner in a partnership An officer, director, or managing e | n a trade, profession, or other activity, either full-ting any (LLC) or limited liability partnership (LLP) ecutive of a corporation and or equity securities of a corporation | me or part-time |
| | سک | . None of the above applies. Go to | | |
| 28. | | 2 years before you filed for bankr ncial institutions, creditors, or oth | ptcy, did you give a financial statement to anyo r parties. | ne about your business? Include |
| | □ No □ Ye | s. Fill in the details below. | | |
| Р | art 12: | Sign Below | | |
| that pro or k | t answei perty by poth. 18 | rs are true and correct. I understa r fraud in connection with a bankru U.S.C. §§ 152, 1341, 1519, and 35 anna B. Kosin | _ x | pperty, or obtaining money or |
| | | a B. Kosin, Debtor 1 | Signature of Debtor 2 | |
| Did ☑ | you atta | 12/19/2017ach additional pages to <i>Your State</i> | Date | r Bankruptcy (Official Form 107)? |
| | | or agree to pay someone who is | ot an attorney to help you fill out bankruptcy fo | rms? |
| | No Yes. Na | ame of person | | th the Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119). |

| Fill in this inf | Fill in this information to identify your case: | | | |
|---------------------|---|----------------------------|--------------------|--|
| Debtor 1 | Roxanna First Name | B. Middle Name | Kosin Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court fo | or the: EASTERN DIS | STRICT OF MICHIG | |
| Case number | | | | |
| (if known) | | | | |
| | nkruptcy Court fo | or the: EASTERN DIS | STRICT OF MICHIG | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: **List Your Creditors Who Hold Secured Claims**

| . For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106E fill in the information below. | | | | |
|---|--|--|--|--|
| | Identify the cre | editor and the property that is collateral | What do you intend to do with the property that secures a debt? Did you claim the property that secures a debt? | |
| | Creditor's name: | Credit Union One | Surrender the property. □ No Retain the property and redeem it. ✓ Yes | |
| | Description of property securing debt: | 2012 Chrysler Town and Country (approx. 100000 mil | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | |
| | Creditor's name: | Quicken Loans | Surrender the property. Retain the property and redeem it. No Yes | |
| | Description of property securing debt: | Primary Residence | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | |

| Debtor 1 | Roxanna B. Kosin | | Case number (if known) |
|-------------|--|------------------------------|---|
| Part 2 | List Your Unexpired P | ersonal Property Leas | es . |
| fill in the | information below. Do not list re | eal estate leases. Unexpired | e G: Executory Contracts and Unexpired Leases (Official Form 106G), I leases are leases that are still in effect; the lease period has not the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Des | cribe your unexpired personal p | operty leases | Will this lease be assumed? |
| Non | ie. | | |
| Part 3 | : Sign Below | | |
| | penalty of perjury, I declare that nal property that is subject to an | • | on about any property of my estate that secures a debt and |
| X /s/ Ro | oxanna B. Kosin | X | |
| Roxar | nna B. Kosin, Debtor 1 | Signature of | Debtor 2 |
| Date | 12/19/2017 | Date | |
| | MM / DD / YYYY | MM / [| DD / YYYY |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| + | \$75 | filing fee administrative fee trustee surcharge |
|---|-------|---|
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| + | | filing fee administrative fee |
|---|---------|----------------------------------|
| | \$1.717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| - | | filing fee administrative fee |
|---|-------|----------------------------------|
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | filing fee administrative fee |
|--|-------|----------------------------------|
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Bankruptcy/Resources/ApprovedCreditAndDebtCounselors.aspx.}{}$

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN / DETROIT DIVISION

| In re | Roxanna B. Kosin | Case No Chapter | | | | | |
|-------|--|---|---|--|--|--|--|
| | | TTORNEY FOR DEBTOR(S) F.R.BANKR.P. 2016(b) | | | | | |
| | The undersigned, pursuant to F.R.Bankr.P. 2016(b), stat | es that: | | | | | |
| 1. | The undersigned is the attorney for the Debtor(s) in this of | case. | | | | | |
| 2. | ne compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one] | | | | | | |
| , | FLAT FEE A. For legal services rendered in contemplation of and of the filing fee paid B. Prior to filing this statement, received C. The unpaid balance due and payable is | in connection with this case, exclusive \$1,665.00 \$2,000.00 (\$335.00) | | | | | |
| | A. Amount of retainer received B. The undersigned shall bill against the retainer at an Debtor(s) have agreed to pay all Court approved fee | | | | | | |
| 3 | \$335.00 of the filing fee has been paid. | | | | | | |
| 1 | In return for the above-disclosed fee, I have agreed to re [Cross out any that do not apply.] A. Analysis of the debtor's financial situation, and render bankruptcy; B. Preparation and filing of any petition, schedules, stated. C. Representation of the debtor at the meeting of credit meeting. Representation of the debtor in adversary proceeding. Reaffirmations; F. Redemptions; G. Other: | ering advice to the debtor in determining tement of affairs and plan which may be tors and confirmation hearing, and any | ng whether to file a petition in be required; a adjourned hearings thereof; | | | | |
| | By agreement with the debtor(s), the above-disclosed fee Post 341 Work/Adversary Representation | e does not include the following service | es: | | | | |
| 6. · | The source of payments to the undersigned was from: ✓ A. Debtor(s)' earnings, wages, compensation for se B. Other (describe, including the identity of payor) | rvices performed | | | | | |
| | The undersigned has not shared or agreed to share, with firm or corporation, any compensation paid or to be paid | | mbers of the undersigned's law | | | | |
| Date | d: 12/19/2017 | /s/ Patrick A. Foley | | | | | |
| | ed: /s/ Roxanna B. Kosin Roxanna B. Kosin | Patrick A. Foley Patrick A. Foley John R. Foley PC 18572 W. Outer Dr. Dearborn, MI 48128 Phone: (313) 274-7377 / Fax: (59 | Bar No. P74323 | | | | |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT DIVISION

IN RE: Roxanna B. Kosin CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

| - 12/10/2017 | Th knowledo | · | ched list of creditors is true and correct to the best of his/her |
|--|-----------------|-----------------|---|
| Date 12/19/2017 Signature 7s/ Roxanna B. Kosin Roxanna B. Kosin | Date <u>12/</u> | /19/2017 Signar | |

AFNI PO Box 3097 Bloomington, IL 61702

Bank of America, N.A. 4909 Savarese Circle FL19080147 Tampa, FL 33634

Barclay's Bank Delaware PO Box 8803 Wilmington, DE 19899

Benefeds FED VIP PO Box 414095 Boston, MA 02241-4059

Best Buy/CBNA PO Box 6497 Sioux Falls, SD 57117

Blue Cross/Blue Shield 20500 Civic Center Dr, Southfield, MI 48076

Capital One PO Box 30253 Salt Lake City, UT 84130

Capital One / Parisian PO Box 30253 Salt Lake City, UT 84130

Capital One/Art Van PO Box 30253 Salt Lake City, UT 84130 Capital One/Art Van

Capitol One/Best Buy PO Box 30253 Salt Lake City, UT 84130

Capitol One/Yamaha

Chase Card PO Box 15298 Wilmington, DE 19850

City of Roseville Water Department 29777 Gratiot Ave.
Roseville, MI

Comcast PO Box 7500 Southeastern, PA 19398-7500

Comenity Bank/Carsons PO Box 182789 Columbus, OH 43218

Comenity Bank/Victoria's Secret PO Box 182789 Columbus, OH 43218

Consumers Energy 4600 Coolidge Hwy Royal Oak, MI 48068 Credit First PO Box 81315 Cleveland, OH 44181

Credit Union One 400 E. Nine Mile Ferndale, MI 48220

DTE Energy P.O. Box 2859 Detroit, MI 4826-0001

Fifth Third Bank 5050 Kingsley Dr. MD 1MOC2G Cincinnati, OH 45263

Fremont 933 E Main St Fremont, MI 49412

Kohls/Capital One PO Box 3115 Milwaukee, WI 53201

Macys/DSNB PO Box 8218 Mason, OH 45040

Midland Mortgage PO Box 268959 Oklahoma City, OK 73126

OCWEN/GMAC Mortgage 3451 Hammond Ave. PO Box 4622 Waterloo, IA 50704 Planet Fitness 4 Liberty Lane West Hampton, NH 03842

PNC Bank PO Box 3180 Pittsburg, PA 15230

Quicken Loans P.O. Box 442359 Detroit, MI 48224

Sears/CBNA

Synchrony Bank Care Credit PO Box 965036 Orlando, FL 32896

Synchrony Bank/JC Penny PO Box 965007 Orlando, FL 32896

Synchrony Bank/Old Navy

Synchrony Bank/Sams Club PO Box 965005 Orlando, FL 32896

Target National Bank

TD Bank USA/Target PO Box 673 Minneapolis, MN 55440

The Home Depot/CBNA PO Box 6497 Sioux Falls, SD 57117

US Bank P.O. Box 108 St. Louis, MO 63166

Verizon PO Box 4002 Acworth, GA 30101

| Fill | l in this inf | ormation to i | dentify your case: | | | e box only as dire in Form 122A-1Sเ | |
|-------------------------|--|--|---|---|---|--|----------------------------------|
| Deb | otor 1 | Roxanna First Name | B. Middle Name | Kosin Last Name | . | no presumption of abu | |
| | otor 2 ouse, if filing) | | Middle Name | Last Name | 2. The calc | ulation to determine if a applies will be made u | a presumption |
| | | | | | | est Calculation (Officia | |
| Cas | se number nown) | —————————————————————————————————————— | Title. EASTERN DIS | TRICT OF MICHIGAN | | ns Test does not apply ed military service but | |
| | | | | | ☐ Check if t | his is an amended filin | g |
| Offi | cial Form | 122A-1 | | | | | |
| Cha | apter 7 S | tatement o | f Your Current | Monthly Income | | | 12/1 |
| are e milita 122A | xempted from ary service, c -1Supp) with | m a presumption complete and file this form. | n of abuse because yo | s, write your name and case ou do not have primarily cons tion from Presumption of Abo ncome | sumer debts or be | ecause of qualifying | you |
| 1. | What is your | marital and filin | g status? Check one of | only | | | |
| | | | | nny. | | | |
| | | | umn A, lines 2-11. | | | | |
| | _ | | | ill out both Columns A and B, I | | | |
| | _ | | | ou. You and your spouse are | | | |
| | Livi | ing in the same | nousehold and are no | t legally separated. Fill out bo | oth Columns A and | d B, lines 2-11. | |
| | dec | lare under penalt | ty of perjury that you an | d. Fill out Column A, lines 2-11 d your spouse are legally sepa s that do not include evading the | arated under nonb | ankruptcy law that app | lies or that you |
| i | bankruptcy o August 31. If in the result. | the amount of your point of the properties. | § 101(10A). For examp our monthly income vari my income amount more | ed from all sources, derived oble, if you are filing on Septem led during the 6 months, add the than once. For example, if behave nothing to report for any | ber 15, the 6-monine income for all 6 oth spouses own t | th period would be Mar months and divide the he same rental proper | ch 1 through total by 6. Fill |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | _ | vages, salary, tip vroll deductions). | os, bonuses, overtime | , and commissions | \$0.00 | | |
| | Alimony and if Column B is | - | lyments. Do not includ | de payments from a spouse | \$0.00 | | |
| ! : | expenses of regular contrib your depende | you or your depoutions from an units, parents, and | roommates. Include re | | \$106.00 | | |

Column B

Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

| | Debtor 1 | Debtor 2 | | | |
|--|-----------------|----------|-----------|--------|--|
| Gross receipts (before all deductions) | \$0.00 | | _ | | |
| Ordinary and necessary operating expenses | \$0.00 | | – Copy | | |
| Net monthly income from a business profession, or farm | , \$0.00 | | here -> | \$0.00 | |

6. Net income from rental and other real property

| | Debtor 1 | Debtor 2 | | | |
|---|----------|----------|--------------------|--------|--|
| Gross receipts (before all deductions) | \$0.00 | | - | | |
| Ordinary and necessary operating expenses | \$0.00 | - | - Сору | | |
| Net monthly income from rental or other real property | \$0.00 | | here \$0.00 | \$0.00 | |

7. Interest, dividends, and royalties8. Unemployment compensation

\$0.00 \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

| For you | |
|---|------------|
| For your spouse | |
| Pension or retirement income. Do not include any amount received that | \$2,098.25 |

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a

or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column.

Total amounts from separate pages, if any.

was a benefit under the Social Security Act.

Then add the total for Column A to the total for Column B.

| + | | + | | |
|---|------------|---|-----|------------|
| | \$2,204.25 | + | = | \$2,204.25 |
| _ | | ' | ' ' | |

Total current monthly income

| Deb | tor 1 | R | oxanna B. Kosin | | Case number (if known) | |
|-----|---------|-------|--|----------------------------------|--|--------------|
| P | art 2: | | Determine Whether the Means T | est Applies to You | | |
| 12. | Calcu | late | your current monthly income for the ye | ear. Follow these steps: | | |
| | 12a. | Cop | by your total current monthly income from | line 11 | Copy line 11 here -> 12a. | \$2,204.25 |
| | | Mul | tiply by 12 (the number of months in a yea | ar). | | X 12 |
| | 12b. | The | result is your annual income for this part | of the form. | 12b. | \$26,451.00 |
| 13. | Calcu | ılate | the median family income that applies | to you. Follow these steps: | | |
| | Fill in | the s | state in which you live. | Michigan | | |
| | Fill in | the r | number of people in your household. | 1 | | |
| | Fill in | the r | median family income for your state and s | ize of household | | \$48,626.00 |
| | | | st of applicable median income amounts, s for this form. This list may also be avail | | | |
| 14. | How | do th | ne lines compare? | | | |
| | 14a. | | Line 12b is less than or equal to line 13. Go to Part 3. | On the top of page 1, check b | oox 1, There is no presumption of abuse. | |
| | 14b. | | Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2. | p of page 1, check box 2, The | presumption of abuse is determined by F | form 122A-2. |
| P | art 3: | | Sign Below | | | |
| | By s | ianir | ng here, I declare under penalty of perjury | that the information on this sta | tement and in any attachments is true an | d correct |
| | ۵, ٥ | g | ig note, i accide and penalty of perjuly | | and in any addominono io ado an | a 001100tt |
| | | | oxanna B. Kosin nna B. Kosin, Debtor 1 | X | ature of Debtor 2 | |
| | | Date_ | 12/19/2017 | Date | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | |
| | If yo | u ch | ecked line 14a, do NOT fill out or file Form | n 122A-2. | | |

If you checked line 14b, fill out Form 122A-2 and file it with this form.